

Notice to Readers

Alternate Two-Dose Hepatitis B Vaccination Schedule for Adolescents Aged 11–15 Years

In September 1999, Merck Vaccine Division (Merck & Co., Inc., West Point, Pennsylvania*) received approval from the Food and Drug Administration for an optional two-dose schedule of Recombivax HB® for vaccination of adolescents aged 11–15 years. The Advisory Committee on Immunization Practices approved the optional two-dose schedule in October 1999 and recommended to include this schedule in the Vaccines for Children Program in February 2000. Using the two-dose schedule, the adult dose of Recombivax HB® (1.0 mL dose containing 10 µg of hepatitis B surface antigen [HBsAg]) is administered to adolescents aged 11–15 years, with the second dose given 4–6 months after the first dose. In immunogenicity studies among adolescents aged 11–15 years, antibody concentrations and end seroprotection rates (≥ 10 milli-international units per mL of antibody to HBsAg) were similar with the two-dose schedule (1.0 mL dose containing 10 µg of HBsAg) and the currently licensed three-dose schedule (0.5 mL dose containing 5 µg of HBsAg). The overall frequency of adverse events was similar for the two-dose schedule and the three-dose schedule. Short-term (2-year) follow-up data indicate that the rate of decline in antibody levels for the two-dose schedule was similar to that for the three-dose schedule. No data are available to assess long-term protection (beyond 2 years) or immune memory following vaccination with the two-dose schedule, and it is not known whether booster doses of vaccine will be required. As with other hepatitis B vaccination schedules, if administration of the two-dose schedule is interrupted it is not necessary to restart the series. Children and adolescents who have begun vaccination with a dose of 5 µg of Recombivax HB® should complete the three-dose series with this dose. If it is not clear which dose an adolescent was administered at the start of a series, the series should be completed with the three-dose schedule.

*Use of trade names and commercial sources is for identification only and does not constitute endorsement by CDC or the U.S. Department of Health and Human Services.

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Injury-Related Mortality Reports Database Available on Internet

WISQARS™ (Web-based Injury Statistics Query and Reporting System), pronounced “whiskers,” is an interactive system that provides injury-related mortality data useful for research and for making informed public health decisions. Mortality data for 1981–1997 are produced in two report formats: 1) Injury Mortality Reports, which can be used to determine injury deaths and death rates for specific external causes of injuries, and 2) Leading Causes of Death Reports, which can be used to determine the number of injury-related deaths relative to the number of other leading causes of death in the United States or in individual states. The report is available at <http://www.cdc.gov/ncipc/wisqars>.